## THIS APPLICATION IS TO BE TYPED OR PRINTED LEGIBLY IN INK.

## APPLICATION FOR REGIONAL PRACTICAL EXAMINATION FOR FFI/HMA AND FFII/HMO

PERSONNEL STANDARDS AND EDUCATION APPLICATION FOR EXAMINATION  LIVE BURN HANDS ON RETEST? YES or NO  Each applicant must bring his/her own turn-out gear along with a mask which has been fit-tested to them. Additionally, the				
TENNESSEE COMMISSION ON FIRE FIGHTING PERSONNEL STANDARDS AND EDUCATION APPLICATION FOR EXAMINATION  LIVE BURN HANDS ON RETEST? LEVEL OF EXAMINATION  Each applicant must bring his/her own turn-out gear along with a mask which has been fit-tested to them. Additionally, the applicants' home department must furnish at least 1 SCBA for use by its applicants.  DATE OF EXAM  LOCATION  NAME FIRST  MI LAST  ADDRESS				
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DATE OF EXAM LOCATION  NAME FIRST MI LAST  ADDRESS				
NAMEFIRST MI LAST ADDRESS_				
FIRST MI LAST  ADDRESS_				
ADDRESS				
TN DR LIC D.O.B SOC. SEC. #				
Date Entered Fire Serv//				
DISCLAIMER:				
Pursuant to the Fire Fighting Commission's regional practical exam requirement, the undersigned hereby assumes any and all liability responsibility for its personnel and their actions while involved in this training activity.	and			
By signing this document the firefighting trainees home Fire Department holds harmless from liability the training facility and parties inventoring administering the required training.	/olved			
Fire Chief must sign				

The Tennessee Commission on Fire Fighting Personnel Standards and Education requires the applicant to bring a government issued ID in order to be admitted to any examination.

NOTICE: The Tennessee Commission on Fire Fighting Personnel Standards and Education will <u>NOT</u> recognize anyone in the certification program prior to their eighteenth (18th) birthday.

**OVER** 

FORM FFC 6/2006

By signing below, all parties certify to the NFPA Standards, as currently adopted by level(s) he/she is seeking.						
I certify that the statements made in this a qualifying me for this level of certification.		nd accurate descr	iption of my fire	e service training	and experience,	
Date	Applic	olicant's Signature (DO NOT TYPE)				
TRAINING OFFICER: PLEASE VERIFY TH in a delay in the examination. REMINDER: TWO APPLICANTS SENT.						
It is my complete understanding that any f departmental accreditation in the State Ce		provided in this	application may	result in the rev	ocation of	
Date	Trainir	ning Officer's Signature (DO NOT TYPE)				
	RECOMMENDATION C	DF TRAINING CON	 <u>ИМІТТЕЕ</u>	=========	=========	
We, the members of the Training Commit Chief of the Department, do hereby affirm we, as a committee, have reviewed this requirements for the level of certification so This recommendation is made by majori (NOTE: SIGNATU	to the Tennessee Cor application and detern sought in this application	mmission on Fire nined it to be acon.  Committee members	Fighting Persocurate and con	onnel Standards rect and in full of all votes was rec	and Education that compliance with all	
			AYE	NO	ABSTAIN	
CHAIRMAN (DO NOT TYPE)						
VICE CHAIRMAN (DO NOT TYPE)						
SECRETARY (DO NOT TYPE)						
MEMBER (DO NOT TYPE)						
MEMBER (DO NOT TYPE)						
MEMBER (DO NOT TYPE)						
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